Application Number 10/530 Filing.Date CLAIMS ONLY Applicant(s) May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep. Depend Indep Depend. 52 ·· 19· .70. 21-23 .72: 73 76 78. 42-.43 .44 :94 - 98 Total Total .. Indep . Indep Total Total Depend Depend Total Total Çlaims Claims